

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90092 029 \*\*\*163.75

**DOCUMENT # F97000006895**

1. Entity Name

**EXPRESS CHECK CASHING II, INC.**



Principal Place of Business  
1191 ALTAMONTE DR  
ALTAMONTE SPRINGS FL 32701

Mailing Address  
11001 BROAD STREET SW  
STE A  
PATASKALA OH 43062



2. Principal Place of Business

3. Mailing Address

**1301 E Altamonte Dr.**

(Suite) Apt. #, etc.

Suite, Apt. #, etc.

**129**

City & State

City & State

**Altamonte spgs, FL**

Zip

Country

Zip

Country

**32701**

**USA**

4. FEI Number **31-1432024**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE ACCESS  
1116 THOMASVILLE RD SUITE D  
TALLAHASSEE FL 32303**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☒

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/T** ☐ Delete  
NAME **BITTON, JUDAH**  
STREET ADDRESS **2658 EAST BROAD STREET**  
CITY-ST-ZIP **COLUMBUS OH 43209**

TITLE **T** ☐ Change ☒ Addition  
NAME **MICHA BITTON (Added as Treasurer)**  
STREET ADDRESS **524 VIA-VERONA UNIT 201**  
CITY-ST-ZIP **Altamonte spgs. 32714**

TITLE **S** ☐ Delete  
NAME **BITTON, YAACOV**  
STREET ADDRESS **1194 ALTAMONTE DRIVE**  
CITY-ST-ZIP **ALMONTE SPRINGS FL 32701**

TITLE **P** ☒ Change ☐ Addition  
NAME **Judah Bitton (Deleted as Treasurer)**  
STREET ADDRESS **2658 E. Broad St**  
CITY-ST-ZIP **Columbus, OH 43209**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE **Judah Bitton/President**

**4/4/2003**

**740-927-8947**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)